

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Staff Exposure to Bloodborne Pathogens	PAGE <u> 1 </u> OF <u> 5 </u>
	NUMBER: 10-SAF-16
RULE/CODE REFERENCE: Title 29 of the Code of Federal Regulations 1910.1030	SUPERSEDES: 10-SAF-16 dated 09/13/11
RELATED ACA STANDARDS: 4-4387, 1-HC-2A-10	EFFECTIVE DATE: September 13, 2013
	APPROVED:

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to ensure compliance with U.S. Department of Labor Occupational Safety & Health Administration Standard Number 1910.1030, Bloodborne Pathogens, regarding vaccinations and post-exposure medical evaluations for employees who experience an exposure incident.

III. APPLICABILITY

This policy applies to all staff employed by the Ohio Department of Rehabilitation and Correction.

IV. DEFINITIONS

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to protect employees whose jobs put them at a reasonable risk of coming into contact with blood and other potentially infectious materials. To address these concerns, the Department shall comply with U.S. Department of Labor Occupational Safety & Health Administration Standard Number 1910.1030, Bloodborne Pathogens.

VI. PROCEDURES

A. Infection Control Activities

1. All staff shall be responsible for observing proper infection control activities while completing work duties. Required precautions are specified in the Department Infection Control Plan fully detailed in Department Policy 68-MED-18, Infection Control Activities, and other cited policies and protocols.
2. Staff are also responsible for the proper management and handling of infectious waste as described in Department Policy 10-SAF-13, Infectious Waste Management.

B. Hepatitis B Vaccination

1. DRC shall make available the Hepatitis B vaccination free to all employees who may have the risk of an occupational exposure to bloodborne pathogens within 10 days of their assignment. Employees are permitted to decline taking the Hepatitis B vaccination series but shall sign a declaration form to officially decline the vaccine. Employees who initially decline the Hepatitis B vaccine may later decide to be vaccinated. In these cases, the vaccination shall be provided at no charge to the employee.
2. The first of the three-shot Hepatitis B vaccination series shall be made available to all new employees during their institution orientation. At this time, all employees shall sign the Hepatitis B Vaccination Declaration and Documentation Record (DRC1956) indicating their decision to receive the vaccination. The staff member shall then be vaccinated by their institution medical staff or the closest institution for parole staff and Operation Support Center (OSC) personnel. The vaccination shall take place during the designated time offered through institution health care staff. This schedule shall be shared with institutional personnel offices and posted where staff members have access to view.
3. The following two shots required for the Hepatitis B vaccination series shall be made available in a timely manner at the employee's assigned institution. Parole and OSC staff who do not work in an institutional setting may obtain the final two shots of the vaccination series at the nearest institution to their work location.
4. It is the employee's responsibility to ensure that they complete the final two shots of the three shot vaccination series if they wish to participate in the vaccination program. Institutions shall make available times and dates that vaccines will be given in the medical department. The staff member shall retrieve their Hepatitis B Vaccination Declaration and Documentation Record (DRC1956) from their assigned personnel office and bring the form with them to the institution medical department for documentation of the 2nd and 3rd vaccine in the series.
5. Upon conclusion of the final shot in the three series vaccination, the institution medical staff shall ensure the completed Hepatitis B Vaccination Declaration and Documentation

Record (DRC1956) is returned to the appropriate personnel office for inclusion in the employee's confidential personnel file.

6. Those employees who complete the Hepatitis B Vaccination Declaration and Documentation Record (DRC1956) indicating they have previously been administered the vaccine are asked to provide the personnel office with the vaccination record. Personnel staff shall follow up with the employee until the vaccination record is obtained. Once obtained, the vaccination record shall be maintained in the employee's confidential personnel file.
7. Any employee who has not previously received the Hepatitis B vaccination may elect to be vaccinated at no charge at any point during their employment with DRC. The employee may initiate the vaccination series completing a new Hepatitis B Vaccination Declaration and Documentation Record (DRC1956) and coordinating with both the institution medical and personnel departments. In all cases, the updated Hepatitis B Vaccination Declaration and Documentation Record (DRC1956) shall be forwarded to the personnel office for inclusion in the employee's confidential personnel file.
8. The institution Health Care Administrator shall ensure that all staff vaccinations documented on the Staff Hepatitis B Vaccine Log (DRC 1102) are reported in the Monthly Stats application in the Medical Information System.

C. Medical Evaluation And Post-Exposure Follow Up

1. Any staff person involved in an exposure incident shall complete an Incident Report (DRC1000). The involved staff person shall also follow the guidelines of Department Policy 10-SAF-15, Employee Accident Reporting and Analysis, and complete an Employee Injury/Illness Report (DRC1796).
2. Pursuant to ORC 5120.16.3, all source inmates involved in an exposure incident shall undergo testing for HIV, HBV and HCV as outlined in Medical Protocol C-1, Staff Blood Exposure.
3. DRC employees who experience an exposure incident, as defined in this policy, shall be provided with free medical care and evaluation. Medical Protocol C1, Staff Blood Exposure, fully describes the immediate care and medical evaluation that will be provided for employees who experience an exposure incident.
4. Parole staff who believes they may have experienced an exposure incident shall telephone the nearest institution for consultation with institution medical personnel. As described in Medical Protocol C1, the institution physician shall evaluate the exposure incident and determine if emergent treatment is necessary. Employees recommended for follow up medical treatment shall be directed to a nearby institution for initial laboratory blood collection and shall be referred for medical follow up according to the guidelines set forth in this policy.

5. Employees who wish to participate in the medical evaluation program shall consent to initial laboratory blood testing drawn at the institution and submitted to the CMC laboratory as described in Medical Protocol C1, Staff Blood Exposure. Employees who refuse to provide a blood sample shall be provided no further medical evaluation or follow up care at the cost of the agency.
6. During the initial laboratory blood collection, employees may refuse permission for HIV testing at that time. In this instance, DRC shall maintain the employee's blood sample for 90 days should the employee decide to request the HIV test.
7. As described in Medical Protocol C1, the institution physician shall evaluate the exposure incident and determine if emergent treatment is necessary. When the institution physician determines that emergent treatment is warranted, health care staff shall provide the employee with written instructions on where to obtain such care and the payment procedures for all care to be billed directly to the Department. All care shall be provided at no cost to the employee. Post exposure billing instructions are provided as Attachment A.
8. The Department shall make arrangements with local hospitals in close proximity to all department facilities to provide necessary emergent and follow up care prescribed by the designated medical provider. The list of local hospitals is provided as Attachment B.
9. In cases where the institution physician has determined that emergent treatment is necessary, the employee shall be permitted to immediately leave the work location to seek emergent care. The employee shall be paid during the time they are seeking any emergent or follow up care indicated by the designated medical provider.
10. The employee referred for emergent treatment shall be responsible for providing a copy of the Post Exposure Billing Instructions (Attachment A) and the completed Staff Bloodborne Pathogens Exposure/Counseling Form (DRC5188) to the external healthcare provider to ensure appropriate billing for services provided.
11. Where the designated medical provider indicates that follow up medical appointments are necessary, the employee shall schedule the follow up appointments during their regularly scheduled work hours, where feasible. A Request for Leave (ADM4258) shall be submitted to the employee's supervisor prior to the appointment.
12. If the requisite follow up medical appointments must be scheduled during off duty hours, the employee shall report to the work location prior to the appointment and record their time through approved timekeeping methods (time clock, sign in log, or other established timekeeping records).
13. Upon completion of all medical treatment indicated by the designated medical provider, the employee shall immediately return to the work site to complete the remainder of his/her shift or to properly record the end of their work period, through approved timekeeping methods. In the event the employee returns after the end of his/her shift, overtime eligible employees shall submit an Authorization for Overtime Form

(DRC1118) to the personnel department, with medical documentation attached. In the event an employee has an approved flex work schedule, time expended in attendance at the initial or follow up medical treatments may be flexed out within the appropriate payroll cycle.

14. The employee shall be provided with the use of a state vehicle for travel to and from any necessary medical appointments indicated by the designated medical provider. If a state vehicle is not available, the supervisor shall make alternative arrangements for transportation to the designated health care facility. If the employee is required to use his/her personal vehicle, mileage reimbursement shall be made in accordance with the applicable collective bargaining unit agreement or policy.
15. If the employee chooses to seek care from a medical provider other than the source identified by the institution, the employee shall be responsible for the costs of the related evaluations and treatment. Also, if the institution physician determines that emergent care is not necessary and the employee chooses to seek care anyway, the employee shall bear the cost of care and all follow up medical evaluation and treatment and shall not be paid while seeking such care.

D. Confidentiality of Staff Medical Records

All employee medical records related to an exposure incident shall be forwarded to the Personnel Office for inclusion in the employee's confidential file. The medical files for all exposure incidents shall be maintained as confidential and be retained for a period of thirty (30) years beyond termination of employment.

Related Department Forms:

Incident Report	DRC1000
Staff Hepatitis B Vaccine Log	DRC 1102
Authorization for Overtime Form	DRC1118
Employee Injury/Illness Report	DRC1796
Hepatitis B Vaccination Declaration	DRC1956
Staff Bloodborne Pathogens Exposure/Counseling Form	DRC5188
Request for Leave	ADM4258

Post Exposure Billing Instructions

ATTENTION: HEALTHCARE PROVIDER OR PHARMACY

In accordance with U.S. Department of Labor Occupational Safety & Health Administration Standard Number 1910.1030 Bloodborne Pathogens, the Department of Rehabilitation and Correction (DRC) is responsible for ensuring that employees who have sustained a significant exposure receive all post exposure medical evaluations and procedures, including prophylaxis, at no cost to the employee.

DRC medical personnel evaluate and counsel employees that have sustained an exposure incident to determine if post exposure prophylaxis is recommended. The employee requesting medical care at your facility has been recommended for prophylaxis as noted on the completed *Staff Bloodborne Pathogens Exposure Counseling and Consent* form (DRC 5188) provided by the employee.

Please note, DRC will only approve payment for those employees recommended for treatment on the *Staff Bloodborne Pathogens Exposure Counseling and Consent* form (DRC 5188). Therefore, the facility must request and receive a copy of this form to verify that payment is authorized. Any employee seeking treatment without a *Staff Bloodborne Pathogens Exposure Counseling and Consent* form (DRC 5188) that specifically recommends treatment will be responsible for all costs associated with the medical care provided.

Please send all itemized invoices and statements for authorized care or prescriptions provided at your facility to the following location:

Ohio Department of Rehabilitation and Correction
Division of Business Administration
Attention: Chief Fiscal Officer
770 West Broad Street
Columbus, Ohio 43222
Telephone (614) 728-4078

In accordance with Ohio Revised Code section 126.30, payment is due thirty days after receipt of a proper invoice for services provided.